

**State of Tennessee  
Department of Children's Services  
Cordell Hull State Office Building, 7th Floor  
436 Sixth Avenue North  
Nashville, Tennessee 37243-3000  
Viola P. Miller, Commissioner**

<b>NOTICE OF REQUEST FOR PROPOSALS (RFP)</b>
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April 22, 2009

Service Providers:

This is to inform you that the State of Tennessee has issued a Request for Proposals (RFP) to which your business organization may be interested in responding with a proposal.

The following provides some information about the RFP.

Brief Statement of Scope	The Department of Children's Services (DCS) intends to secure two contracts for Therapeutic Family Preservation Services in the Shelby and South West Regions of Tennessee.
RFS Number	359.20-742-10 Shelby County Region 359.20-743-10 South West Region
Procuring State Agency	Department of Children's Services (DCS)
Anticipated Contract Term	August 1, 2009 through July 31, 2014
Proposal Deadline	Wednesday, May 14, 2009
RFP Coordinator	Dana Scott State of Tennessee Department of Children's Services Office of Contracts and Grants Administration Cordell Hull Building, 7 <sup>th</sup> Floor 436 Sixth Avenue North Nashville, TN, 37243-1290 Tel: 615-741-1207 Fax: 615-244-8969 E-Mail: Dana.Scott@state.tn.us

The subject RFP is available in PDF format and may be downloaded from the internet. To locate this and other current state RFPs, visit Tennessee's website at <http://www.state.tn.us/finance/rds/ocr/rfp.html>. *Please e-mail [Robert.Barlow@state.tn.us](mailto:Robert.Barlow@state.tn.us) immediately if there are difficulties accessing this site. All other concerns should be addressed to the RFP Coordinator.*

The subject RFP is also available by contacting the above-referenced RFP Coordinator.

We appreciate your interest in doing business with the state of Tennessee and hope that you will consider responding to this and future Requests for Proposals.

**Pre-Proposal Conference**

A Pre-Proposal Conference will be held at the time and date detailed in the RFP Section 2, Schedule of Events. Pre-Proposal Conference attendance is not mandatory, and potential proposers may be limited to a maximum number of attendees depending upon overall attendance and space limitations.

The conference will be held at:

Wilder Youth Development Center (WYDC)  
13870 Highway 59  
Somerville, TN 38068

Date and Time: April 28, 2009 from 10:00 a.m. -12:00 p.m. Central Standard Time

This is a secure facility. Therefore, the following will *not* be allowed in the facility or on the property:

- a. cell phones,
- b. purses, briefcases or backpacks,
- c. glass bottles or open cups,
- d. weapons (guns, knives, pen knives or any unsafe objects),
- e. illicit substances or alcohol,
- f. medication that isn't prescribed for the individual.

A picture ID (preferably a driver's license) will be required to enter.

Vendors located in the Nashville area who intends to submit a proposal for the Shelby and Southwest Regions may come to:

The Department of Children's Services  
Cordell Hull Building  
436 Sixth Avenue North  
Nashville, TN, 37243-1290

Date and Time: April 28, 2009 from 10:00 a.m. -12:00 p.m. Central Standard Time

A pay parking garage is located within walking distance of the building:

Music City Central Station  
400 Charlotte Avenue  
Nashville, TN 37219

Due to seating and space limitation, you must notify the RFP coordinator listed in 1.4.2.1 if you wish to participate at either location. No notifications will be taken before April 22, 2009 the official release date of the RFP. Please be prepared to send no more than two people to the conference. MapQuest is a reliable tool for directions to each location. Any vendor who wishes to participate but cannot be physically present may participate by conference call. The telephone number is 1-888-776-3766. The meeting code for this call is \*6336448\*. The code must be submitted as written.

The purpose of the conference is to discuss the RFP scope of services. The State will entertain questions, however potential proposers must understand the State's response to any question at the Pre-Proposal Conference to be tentative and non-binding. Potential proposers should submit questions concerning the RFP in writing and must submit them prior to the Written Comments Deadline date detailed in the RFP Section 2, Schedule of Events. The State will send the official response to questions to potential proposers as indicated in RFP Section 1.4.6 and on the date detailed in the RFP Section 2, Schedule of Events

### Shelby & Southwest FAQs

QUESTION/COMMENT		STATE RESPONSE	
		Shelby	Southwest
1.	Would the state consider a rate per day versus hourly rate for the services?	No.	
2.	What was the average number of hours authorized for each of the RFP services for the Southwest and Shelby County Regions last year?	<p>Therapeutic Family Support: 15 hours per month.</p> <p>Therapeutic Family Violence: 10 hours per month in 75% of cases and 20 hours per month in 25% of cases that use a preservation model- provides homemaker, some parenting and mentoring services in the increased hours</p> <p>Therapeutic Family Visitation: 8 hours per month (2 hours a week).</p>	<p>Therapeutic Family Support Services – 8</p> <p>Therapeutic Family Violence Intervention – 0 (not a requested service in this region)</p> <p>Therapeutic Family Visitation Services – 8</p>
3.	How many referrals were made in the Southwest and Shelby County Regions for each of the service types last year? Is it possible to get a breakdown of those referrals made by county?	<p>Therapeutic Family Support Services – approx 400 per yr</p> <p>Therapeutic Family Violence Intervention – Combined with Therapeutic Family Support Services and Therapeutic Family Visitation Services (not authorized separately in this region).</p> <p>Therapeutic Family Visitation Services – approx 67 per yr</p>	<p>Therapeutic Family Support Services – 1025</p> <p>Therapeutic Family Violence Intervention – 0 (not a requested service in this region)</p> <p>Therapeutic Family Visitation Services – 250</p> <p>No County breakdown available</p>
4.	What collateral contacts are allowed to be billed under each RFP and are they paid at the same rate as face to face contacts?	Collateral contacts are not a billable service.	
5.	What is the average rate currently being paid in the Southwest and Shelby County Regions for each of the service types?	<p>Family Support Services – \$65 per hour</p> <p>Family Violence Intervention &amp; Family Visitation Services – \$50 per hour</p>	<p>Family Support Services – \$65 per hour</p> <p>Family Violence Intervention – \$0</p> <p>Family Visitation Services – \$55 per hour</p>

6.	<p>The Scope of Services specifies that Contractor be available twenty-four hours a day, seven days a week at times that are convenient to the family (A.3.c.), but also specifies that the Contractor not exceed 23 hours of face-to-face child and/or family contacts each month (A.4.c.(1)) of billable time. If this family needs increased face-to-face time in order to stabilize or prevent removal, or to provide adequate services, is there a provision for requesting increased billable hours?</p>	<p>No, hours above 23 are considered a medical service and are covered through the Medical Delegated Purchase Authority.</p>	
7.	<p>Please provide demographics for the expected client population for the Shelby and Southwest regions, I.E.</p> <p>Number of anticipated referrals for overall region per month/year?  Number of anticipated referrals per county (Are there geographic areas/clusters of greater need)?  What are the anticipated "types" of referrals (Juvenile Justice vs. Dependent &amp; Neglect, sibling groups, unruly youth?)</p>	<p>Family Support Services – \$65 per hour</p> <p>Family Violence Intervention &amp; Family Visitation Services – \$50 per hour</p> <p>Type of referrals: Mostly Dependent and Neglect 75%; some sibling groups included in this; unruly, 20%; Juvenile Justice 5% (but increasing)</p>	<p>80 per month/960 referrals per year</p> <p>Types of referrals include all of those listed.</p> <p>Information not available by County</p>
8.	<p>Does the Contractor have the right to conduct an initial assessment and then refuse to provide ongoing services if it is determined that the services cannot be provided adequately within the required contract guidelines?</p>	<p>No, clients will not be referred that don't meet the scope of services.</p>	
9.	<p>How are referrals determined by DCS?</p>	<p>Once a worker is assigned a new case, they will immediately begin the process of engaging the family to start the assessment process. Various assessment tools will be used to identify particular service needs. Once those service needs are identified, the worker will contact the regional fiscal team in order to procure those services. If the needed services are one of the three identified in this contract (Family Support, Therapeutic Visitation, Family Violence Intervention) the vendor under contract will be contacted and a referral will be generated.</p>	

10.	If, after reviewing proposals from multiple vendors, it becomes evident to the State that some potential contractors have certain geographic areas of strength or certain clinical areas of expertise, would the State consider awarding multiple contracts or "carve-out" contracts to other potential vendors?	<p>There will be one contract awarded for each Region.</p> <p>There will be no "carve-out" contracts. However, the winning proposer is allowed to subcontract services.</p>
11.	Would the State be willing to consider proposals that include a post-services/post custody component to provide ongoing monitoring services to clients that achieve family reunification, but indicate a need for ongoing "check-in" services to maintain stability and long-term success?	<p>Those are potential future services but for the purpose of this RFP No, Section 3.3.3 of the RFP states:</p> <p>A proposal must <u>not</u> propose alternate services (<i>i.e.</i>, offer services different from those requested and required by this RFP). The State will consider a proposal of alternate services to be non-responsive and reject it.</p>
12.	Will children in private provider resource homes be referred for services, or will these services be provided through the private agency as a part of their performance based contract services?	Reunification services for custodial children in private provider programs are the responsibility of the private provider.
13.	How does the Contractor allow for travel/documentation/supervision time?	It must be built into the hourly rate in the proposal.
14.	Please define what constitutes a billable "unit" of service.	A billable unit of service will be the Face to Face contact hours. C.3.b. in the pro forma contract of the RFP has been modified to reflect that services performed for less than an hour may be billed in quarter hour increments

15.	Please list the current providers of these services in the Southwest and Shelby County Regions. Will these vendors still provide these services after the contract start date or will this contract be an exclusive contract for those services?	<p>Current Providers –</p> <p>ABC's of Life,  AGAPE,  Branches of Life Inc.  Comprehensive Professional Services,  Exchange Club Family Center,  Family Solutions,  Focus Placement and Treatment Services,  Health Connect America,  Life Enhancement Services, Inc.,  Professional Health Services of Jackson</p> <p>After the contract start date this will be an exclusive contract</p>	<p>Current Providers –</p> <p>Health Connect,  Wolfe Counseling Services,  Vision Care,  Pathways,  Professional Health Services</p> <p>After the contract start date this will be an exclusive contract</p>
16.	Please clarify the number of families which were served in a non-custodial capacity and which were custodial.	Approx 75% non-custodial; 25% custodial- may vary with increase in Juvenile Justice population.	Not available
17.	Please provide a geographic breakdown of families served with these types of services by county in the Southwest and Shelby County Regions this past fiscal or calendar year.	Shelby is the only county served	Not available
18.	Define the qualifications requirements for "licensed clinical" staff. Would a master's prepared LADAC meet the clinical qualifications?	A LADAC would qualify, as would any clinical license that can be verified through the TN Dept. of Health.	
19.	What constitutes contacting the family within 24 hours of referral? Is telephone contact acceptable or must it be face-to-face?	Face to face is preferred. However, there may be circumstances where telephone contact might be acceptable as the initial contact. Exceptions would have to be approved in writing by the regional fiscal director or designee in writing.	
20.	Are purchased services that the family might need (i.e., specialized treatment or unique services, tangible goods, rent/utilities) to be paid for by the contractor and built into the hourly rate or will those be paid for separately by DCS through other funds?	There are funds available through DCS to pay for concrete needs such as rent, utilities, food, baby items, etc. The provider would not be expected to provide therapeutic services outside the scope of this contract.	

21.	Transportation or transportation coordination is listed as a required service in the therapeutic visitation component, but not the other two components. Is transportation required for family support and family violence intervention?	Family support services and family violence intervention are typically provided in the homes of the families or other natural environments most convenient to the family and thus transportation should not be an issue.
22.	Are there specific evidenced-based practices or programs that DCS would prefer the contractor to use?	<p>No, as long as the treatment program meets the definition of evidence-based as defined in SB 1790, Public Chapter No. 585:</p> <p>"Evidence-based" means a program or practice that meets the following requirements:</p> <p>(A) The program or practice is governed by a program manual or protocol that specifies the nature, quality, and amount of service that constitutes the program; and</p> <p>(B) Scientific research using methods that meet high scientific standards for evaluating the effects of such programs must have demonstrated with two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program.</p>
23.	What supporting documentation (C.5 a.) is required to be included with the invoices submitted to DCS?	Required supporting documentation would include client contact log with appropriate signatures, case notes to cross reference with contact log, Authorization of Services Form, signed invoice.
24.	How quickly can we expect payment from DCS after submitting a clean invoice?	The goal is to have "clean" invoices reviewed and submitted to central office within ten working days. Turnaround is generally 4-6 weeks.
25.	The RFP states that the Proposer must hold all necessary, applicable business and professional licenses. For clarification, what exact licenses are needed to submit as evidence of proper licensure?	Copies of any business license as required by the state of TN, professional license for clinical practice
26.	The RFP states that parents and other significant family members will identify issues they foresee arising when visiting with their children. Does this imply that children will be given services while in out-of-home placements? Will the Proposer be delivering transition services?	The contract covers family preservation and reunification services. Therefore, it involves both custodial as well as non-custodial children.

27.	In regards to minimum time required for the Proposer to meet with the family each week, does a one hour session on items related to both family support services and family violence intervention fulfill the requirement for an hour that week for both services?	Since Family Support, Family Violence and Family Visitation are three distinct services, a one hour session cannot fulfill the requirements for 2 or more of these services.
28.	Due to the hourly rate structure mentioned in the RFP, will there be any additional reporting requirements or documents submitted to the state in regards to billing other than the invoice process mentioned in C.5.?	Please see question 23 for the documentation required to be submitted with the invoice.
29.	How is this RFP different than our credentialing application? We have completed and been approved to provide these services through a credentialing application previously, and want to make sure that this RFP also needs to be completed to be able to provide the services outlined in the RFPs listed above.	We will not be utilizing the DPA to access these services. Therefore, you must submit a proposal and be awarded the contract (or be a sub-contractor to the vendor awarded the contract) in order to continue to provide these services for this region.
30.	Under qualifications of supervisors for the three proposed services it states that the supervisor must be a master's level licensed clinician. Does this include those master's level supervisors on track for licensure?	No, the license must have been granted.
31.	Is it possible to get an estimation of therapeutic visitation that will occur outside of the region and if so, what is the expectation for providing transportation and visits for out of region clients?	Typically this has not been required over the past few years. However, if the situation were to arise you would be required to provide transportation.
32.	Under this contract, would provider staff be responsible for any out-of-state activities?	No.
33.	With regards to therapeutic visitation, would the scope of service include clients in DCS custody?	Yes



34.	Are client/family related meetings (i.e. CFTMs) and court hearings ever compensated in the scope of any of the three services described in the RFP?	They are if they are determined to be essential direct services to families. This would have to be pre-approved by the regional fiscal director or designee on a case-by-case basis In writing.
35.	In B.5. please define "Client Base"	Who you typically serve.
36.	In B.5. does this include proposed employees for this project or only current employees?	Current employees.
37.	Would a Bachelor's prepared registered nurse with experience in social work meet the requirements for licensed clinical staff supervision?	No.